

09/843,289

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	857	5/9/01
RESPONSE FORMALITY REVIEW	M.D.	615	01-15-02

INDEX OF CLAIMS

✓ Rejected N Non-elected  
○ Allowed I Interference  
- (Through numeral) Cancelled A Appeal  
+ Restricted O Objected

Claim	Final	Original	Date
1	5	1	5/16/01
2	7	10	5/16/01
3	8	12	5/16/01
4	9	13	5/16/01
5	10	14	5/16/01
6	11	15	5/16/01
7	12	16	5/16/01
8	13	17	5/16/01
9	14	18	5/16/01
10	15	19	5/16/01
11	16	20	5/16/01
12	17	21	5/16/01
13	18	22	5/16/01
14	19	23	5/16/01
15	20	24	5/16/01
16	21	25	5/16/01
17	22	26	5/16/01
18	23	27	5/16/01
19	24	28	5/16/01
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22	27	31	5/16/01
23	28	32	5/16/01
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27	32	36	5/16/01
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46	51	55	5/16/01
47	52	56	5/16/01
48	53	57	5/16/01
49	54	58	5/16/01
50	55	59	5/16/01

Claim	Final	Original	Date
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100	1	1	5/16/01

Claim	Final	Original	Date
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148	1	1	5/16/01
149	1	1	5/16/01
150	1	1	5/16/01

If more than 150 claims or 10 actions  
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